

Person Filing: _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____

ATLAS Number (if applicable): _____

Person Filing Document is ☐ Self (With no Lawyer) or Attorney for ☐ Petitioner or ☐ Respondent

(For Attorneys Only) State Bar Number: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

AND

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

Name of Respondent

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

- 1. WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party, and to the judge. If you do not do this, the court may order you to pay a fine.
- 2. SIGN THIS DOCUMENT IN FRONT OF A NOTARY PUBLIC:** After you fill in all the information you are asked to fill in this document, go to a Notary Public or to the Clerk of Court and sign the Affidavit in the space below. Do not sign this document until you are in front of the Notary Public or Clerk of Court. You will need picture identification when you sign.

State of Arizona)
County of Maricopa)ss.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge might order sanctions against me, including assessment of fees for fines under Rule 11 of the Arizona Rules of Civil Procedure.

Signature of Person Making Affidavit

Sworn to before me on (date) _____, by _____

My Commission Expires:

Notary Public

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink.** If there is not enough space provided on this form, use separate sheets of paper to complete the answers and attach them to the Affidavit. Number and label any attached answers to match those on the Affidavit form.
Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	1.	I listed all sources of my income.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	2.	I attached copies of my two (2) most recent pay stubs.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	3.	I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____
- B. Current Address: _____
- C. Social Security Number: _____
- D. Date of Birth: _____
- E. Other Party's Social Security Number: _____
- F. Other Party's Date of Birth: _____
- G. Date of Marriage: _____ Date of Divorce: _____
- H. Full names of child(ren) common to the parties (in this case), their dates of birth and Social Security Number(s):

Name	Date of Birth	Social Security Number
------	---------------	------------------------

- I. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
------	---------------	---------------------	--------

- J. Any other person for whom you contribute support:

Name	Age	Relationship to you	Where person lives
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EMPLOYMENT INFORMATION

- A. Your job/occupation/profession/title: _____
Name and address of current employer: _____

Date current employment began: _____
How often are you paid: _____
Weekly _____ Every-other week _____ Monthly _____ Twice a month _____ Other _____
- B. If you are not working, why not? _____
- C. Previous employer name and address: _____
Previous job/occupation/profession/title: _____
Date previous job began: _____
Date previous job ended: _____
Gross monthly pay at previous job: \$ _____
- D. Total gross income from last three (3) years' tax returns (attach copies of page 1 and 2 of your federal income tax returns for the last three (3) years):
Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
B. College: _____
C. Post-Graduate: _____
D. Occupational Training: _____

4. ASSETS:

- | | |
|---|----------|
| A. Cash (including uncashed checks)/Traveler's check | \$ _____ |
| B. Cash in financial institutions/banks | \$ _____ |
| C. Stocks, bonds, securities | \$ _____ |
| D. Insurance policy cash surrender value | \$ _____ |
| E. Funds owed to you by others
(including accounts receivable) | \$ _____ |
| F. Funds held for you by others
(including inheritance(s) or trust(s)) | \$ _____ |
| G. Unpaid bonus | \$ _____ |
| H. Other | \$ _____ |
| TOTAL: | \$ _____ |

5. YOUR GROSS MONTHLY INCOME: List **all** income you receive from **any** source, whether private or governmental, taxable or not, including, but not limited to, the following. Mark each space with the correct amount or with "0" if none. List all income payable to you individually or payable jointly to you and your spouse. Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A.	Gross salary/wages	\$ _____
	(attach copies of your two most recent pay stubs)	
	Rate of Pay \$ _____ per hour \$ _____ per week \$ _____ per month \$ _____ per year	
B.	Expenses paid for by your employer:	
	1. Automobile	\$ _____
	2. Auto expenses, such as gas, repairs, insurance	\$ _____
	3. Lodging	\$ _____
	4. Other (Explain) _____	\$ _____
C.	Commissions/Bonuses	\$ _____
D.	Tips	\$ _____
E.	Self-employment Income (See below)	\$ _____
F.	Social Security benefits	\$ _____
G.	Worker's compensation and/or disability income	\$ _____
H.	Unemployment compensation	\$ _____
I.	Gifts/Prizes	\$ _____
J.	Payments from prior spouse	\$ _____
K.	Rental income (net after expenses)	\$ _____
L.	Contributions to household living expense by others	\$ _____
M.	Other (Explain:) _____	\$ _____
	(include dividends, pensions, interest, trust income, annuities, or royalties)	
TOTAL:		\$ _____

6. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach of a copy of the Schedule C for your business from your last tax return, and the most recent income/expense statement from your business.

7. SCHEDULE OF ALL MONTHLY EXPENSES: DO NOT LIST any expenses for the other party, or child(ren) who live with the other party, **unless** you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1.	House payment: First Mortgage	\$ _____
	Second Mortgage	\$ _____
	Homeowners Association Fee	\$ _____
	Rent	\$ _____
2.	Repair & upkeep	\$ _____
3.	Yard work/Pool/Pest Control	\$ _____
4.	Insurance & taxes not included in house payment	\$ _____
5.	Other (Explain) _____	\$ _____
TOTAL:		\$ _____

B. UTILITIES:

- | | | | |
|---------------|----------------------------|----|-------|
| 1. | Water, sewer and garbage | \$ | _____ |
| 2. | Electricity | \$ | _____ |
| 3. | Gas | \$ | _____ |
| 4. | Telephone | \$ | _____ |
| 5. | Mobile phone/pager | \$ | _____ |
| 6. | Internet Provider | \$ | _____ |
| 7. | Cable/Satellite television | \$ | _____ |
| 8. | Other (Explain:) | \$ | _____ |
| TOTAL: | | \$ | _____ |

C. FOOD:

- | | | | |
|---------------|-----------------------------------|----|-------|
| 1. | Food, milk and household supplies | \$ | _____ |
| 2. | School lunches | \$ | _____ |
| 3. | Meals outside home | \$ | _____ |
| TOTAL: | | \$ | _____ |

D. CLOTHING:

- | | | | |
|---------------|---------------------------------------|----|-------|
| 1. | Clothing for you | \$ | _____ |
| 2. | Uniforms or special work clothes | \$ | _____ |
| 3. | Clothing for children living with you | \$ | _____ |
| 4. | Laundry and cleaning | \$ | _____ |
| TOTAL: | | \$ | _____ |

E. HEALTH INSURANCE:

- | | | | |
|-------|---|----|-------|
| 1. | Total monthly cost | \$ | _____ |
| 2. | Premium cost to insure you alone | \$ | _____ |
| 3. | Premium cost to insure child(ren) common to the parties | \$ | _____ |
| 4. | List all people covered by your dependent coverage: | | _____ |
| _____ | | | |
| 5. | Name of insurance company and Policy/Group Number: | | _____ |
| _____ | | | |
| _____ | | | |

F. DENTAL INSURANCE:

- | | | | |
|-------|---|----|-------|
| 1. | Total monthly cost | \$ | _____ |
| 2. | Premium cost to insure you alone | \$ | _____ |
| 3. | Premium cost to insure child(ren) common to the parties | \$ | _____ |
| 4. | List all people covered by your dependent coverage: | | _____ |
| _____ | | | |
| 5. | Name of insurance company and Policy/Group Number: | | _____ |
| _____ | | | |
| _____ | | | |

G. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

- | | | | |
|---------------|----------------------------|----|-------|
| 1. | Drugs and medical supplies | \$ | _____ |
| 2. | Other | \$ | _____ |
| TOTAL: | | \$ | _____ |

H. CHILD CARE COSTS:

1. Total monthly child care costs (Do not include amounts paid by D.E.S.) \$ _____
2. Name(s) of child(ren) cared for and amount per child:

\$ _____

\$ _____

\$ _____

\$ _____
3. Name(s) and address(es) of child care provider(s):

I. DO YOU PARTICIPATE IN A EMPLOYER PROGRAM FOR PRETAX PAYMENT OF CHILD CARE EXPENSES (Cafeteria Plan)? YES ☐ NO ☐

J. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for any **other** child(ren) **not** common to the petitioner and the respondent in **this** case: \$ _____
Amount of any arrears payment \$ _____
Amount per month actually paid in last 12 mos. \$ _____
Attach proof that you are paying.
2. Name(s) and relationship of minor child(ren) that you support or who live with you, but who are **not** common to the petitioner and respondent in **this** case.

K. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

L. EXTRAORDINARY EXPENSES :

For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

For **Self**: \$ _____
Explain: _____

M. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance \$ _____
2. List all cars and individuals covered: _____

3. Car payment, if any \$ _____
4. Car repair and maintenance \$ _____
5. Gas and oil \$ _____
6. Bus fare/parking fees \$ _____
7. Other (explain): _____
- TOTAL:** \$ _____

N. MISCELLANEOUS:

1. School and school supplies \$ _____
2. School activities or fees \$ _____
3. Extracurricular activities of child(ren) \$ _____
4. Church/contributions \$ _____
5. Newspapers, magazines and books \$ _____
6. Barber and beauty shop \$ _____
7. Life insurance (beneficiary: _____) \$ _____
8. Disability insurance \$ _____
9. Recreation/entertainment \$ _____
10. Child(ren)'s allowance(s) \$ _____
11. Union/Professional dues \$ _____
12. Voluntary retirement contributions and savings deductions \$ _____
13. Family gifts \$ _____
14. Pet Expenses \$ _____
15. Cigarettes \$ _____
16. Alcohol \$ _____
17. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 7 "Monthly Schedule of Expenses"**. Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of your last Payment	Amount of your Payment